

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION

Orlando Pelzer
Plaintiff,

vs.

Civil Action No. 7:11-cv-00111

John Garman/Regional Director
Daniel A. Braxton/Warden Of A.C.C.
Alene Meadows/RNCB Of A.C.C.
Judy Roach/RN Of A.C.C.
Defendant(s).

VERIFIED STATEMENT

I, the plaintiff in this action, have been advised of the requirements regarding exhaustion of administrative remedies as outlined in 42 USC § 1997e and now submits this verified statement.

(Choose only one):

***** I have exhausted my administrative remedies as to each of the claims raised in my complaint by appealing my claims to the highest available level of the administrative remedies procedures. *Copies of the record of the proceedings are attached to this statement.*

_____ I have attempted to exhaust my administrative remedies but my grievance was rejected as untimely. I have appealed that determination to the highest level available. *I have attached documentation verifying my attempts to exhaust administrative remedies.*

_____ There are no administrative remedies available to me at this time, either because the issue(s) I raise is nongrievable, or because there is no grievance procedure at the correctional facility at which I am confined. *I have attached documentation verifying my attempts to exhaust administrative remedies.*

_____ This cause of action arose at _____, and I am now being housed at another facility, _____. Therefore, I do not believe I have administrative remedies available at this time.

I affirm that I am the plaintiff in this action and I know the content of the above statement; that it is true of my own knowledge, except as to those matters that are stated in it based on my own information and belief; and to those matters, I also believe them to be true. I declare under penalty of perjury that the foregoing is true and correct.

11-04-10
DATE

Orlando Pelzer
SIGNATURE OF AFFIANT

Exhibit No:1

Exhausted Grievance Remedies

Statement of facts: Grievance # Acc-10-PSS-00099 wasn't investigated like I requested. Because witnesses such as Nurse Richmond/LPN who signed an affidavit, and % Dzuba who called over to medical after seeing me carry my property in A/B housing and saw me bleeding, are willing to tell the truth about what happen, but ^{more} not question.

Witnesses : • Nurse Richmond's Affidavit (3) ; Exhibit No:3

• % Dzuba said he would give his statement through subpoena, for job security reasons.

• % Lokey (younger brother) not investigator assistant, escorted me over to medical after count had cleared and Lt. Sampson had been contacted by my family members. (Same as % Dzuba's reason as to why I don't have a copy of statement.)



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level
II

866.1 A-7

DOC Location: Central Office,

Administration

Report Generated by Ray, Howard

Report run on 1/18/2011 at 11:12 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00099
Housing		Filed Augusta Correctional Center	
D-2-57-B		Appeal to Address	

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that the nurse did not provide you with a cart to move excess property to your housing unit until after you started lifting the property. You state this put your health in danger. You want this matter investigated.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. After reviewing the information from Nurse Meadows, you were medically discharged from the infirmary and provided with a cart for your property. This issue is governed by **OP 720.1**.

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

Date



VIRGINIA DEPARTMENT OF CORRECTIONS
Offender Grievance Response - Level I

866.1 A-6
DOC Location: Augusta Correctional Center
Report Generated by Conner, Sandra
Report run on 1/7/2011 at 1:32 PM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current	Augusta Correctional Center
Housing		Filed	Augusta Correctional Center
D-2-57-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state that on your informal dated 11-23-10 Ms. Meadows is trying to help cover up the medical malpractice actions of Nurse Roach by saying you were given a cart to move excessive pounds of property to your housing unit. You had already lifted the excessive pounds of property from the infirmary to medical waiting area and stopped because of stinging and burning sensation and told Ms. Roach in front of the officer in which you started to argue. The officer then told you to calm down and stop arguing and sent the medical worker to get the cart which you had to load and take off at the housing unit. You would like this matter to be investigated because your health was put in danger. You are referring to your internal organs which are at risk with an infection because of this.

Your informal attempt to resolve this matter is attached to this grievance.

Ms. Meadows states the you have remained ambulatory. Your hernia repair is intact by all accounts. Nurse Roach discharged you from the infirmary. You were also supplied with a cart to move your property. Your complaint is noted however there was nothing found to support your allegations that Ms. Meadows is trying to cover up any medical malpractice or that Nurse Roach violated any policy or procedure.

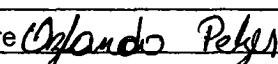
Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

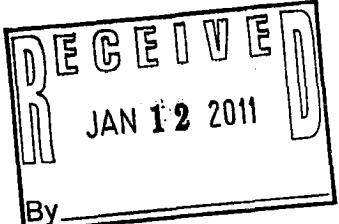
Health Services
PO Box: 26963
Richmond , VA 23261-6963

 Date 1/7/11

I wish to appeal the Level I response because: *I would like to exhaust my Level II remedy at the Regional Director level, who relies on the remarks by Level I, and discounts prisoners remarks and substance of ones complaints so I can further appeal to the courts, because an investigation of my complaints was not done here at A.C.C.*

Offender Signature 

Date 1-8-11





Med
12/23

REGULAR GRIEVANCE

Log Number: ACC10 Reg00099

Pelzer	Orlando	1184761	D2	57-B
Last Name	First	Number	Building	Cell/Bed Number

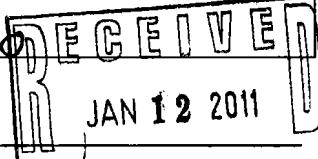
WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) I alledge and contend that Inf. Complaint #150-10-inf-02637

responded too by Ms. Meadows RN C8 on 11-23-10 is trying to help cover up the medical malpractice actions of Ms. Roach LPN by saying I was given a cart to move excessive pounds of property to my housing unit. I had already lifted the excessive pounds of property from the infirmary to medical waiting area and stopped because of stinging and burning sensation and told Ms. Roach LPN in front of S/o, in which we started to argue. This S/o then toldled me to calm down stop arguing and sent the medical worker to get the cart which I had to bad and ~~had~~ then off load at housing unit myself. So the cart being given to me after the fact of me lifting lbs of property is not relevant to my complaint, just an answer given to try and cover up the truth.

What action do you want taken? I would like this matter investigated because my health was put in danger and when I say health I mean life. because my internal organs are at risk right this moment with an infection because of said issue.

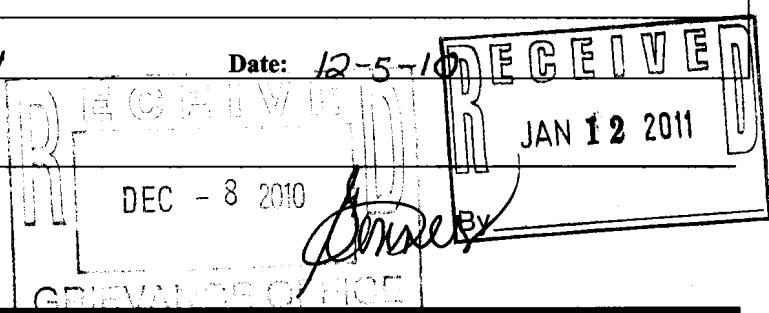
Grievant's Signature: Orlando Pelzer - 1184761

Date: 12-5-10



Warden/Superintendent's Office: _____

Date Received: _____





NOV - 9 2010

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

ORLANDO PELZER

Offender Name

1184761

Offender Number

D261T

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

NOV 16 2010
 Food Service
 Commissary
 Other (Please Specify): Wardens D. Braxton

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

I alledge and contend that on Sept 4, 2010 after first having undergone hernia repair, I was released from A.C.C. Medical ward and told by Ms Roach LPN (License Practical Nurse Practitioner), to left excessive pounds of property to my unit. I submitted an informal Complaint that evening and to date have not received my pink copy or response to the matter.

Offender Signature Orlando Pelzer - 1184761

Date 11-5-10

Offenders - Do Not Write Below This Line

Date Received: 11/8/2010

Tracking # 150-10-inf-02637

Response Due: 11/23/2010

Assigned to: Medical

Action Taken/Response:

Ms Roach discharged Client from infirmary.
Offender supplied w/cart to move property.

Respondent Signature Meadows RNEC

Printed Name and Title

Date

RECEIVED
JAN 12 2011

By 23-10

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



VIRGINIA DEPARTMENT OF CORRECTIONS
Offender Grievance Response - Level II

866.1 A-7
DOC Location: Central Office,
Administration
Report Generated by Ray, Howard
Report run on 1/18/2011 at 10:45 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00033
Housing		Filed Augusta Correctional Center	
D-2-57-B		Appeal to Address	

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that the nurse attended to other offenders on 11/02/10 before attending to your medical condition. You want the nurse terminated because you were first in line.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. After reviewing the information from Nurse Meadows, you were provided medical attention by the nurse on 11/02/10 at the time that was determined to be appropriate by her. This issue is governed by **OP 720.1**.

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

[Handwritten signature]
1/18/11
Date



VIRGINIA DEPARTMENT OF CORRECTIONS
Offender Grievance Response - Level I

866.1 A-6
DOC Location: Augusta Correctional Center
Report Generated by Puckett, Kristin
Report run on 1/5/2011 at 9:26 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00033
Housing		Filed Augusta Correctional Center	
D-2-57-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)
In your grievance you state that Ms. Roach, LPN, attended to other inmates in the waiting room on November 2, 2010 at 6:30pm before seeing to your incision cleaning treatment.

Your informal attempt to resolve this matter is attached.

According to Ms. Meadows, RNCB, you were seen on November 2, 2010. Due to the nature of your dressing of the incision wound, other offenders were seen ahead of you. You were not denied access to health services. A call to Dr. Marsh was put in after the visit on the above mentioned date.

Based on the above information your grievance is deemed UNFOUNDED:

If you are dissatisfied with the Level 1 response you may appeal within 5 calendar days to:
Health Services Director Unit, P.O. Box Office Box 26963, Richmond, VA 23261-6963.

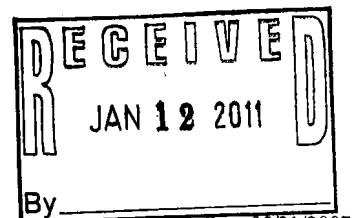
If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services
PO Box: 26963
Richmond , VA 23261-6963

*O.S.
O.A. Bravton*

Date 1/5/11

I wish to appeal the Level I response because: *I would like to exhaust my Level II remedy at the Regional Director level, who relies on the remarks by Level I, and discounts prisoners remarks and substance of ones complaints so I can further appeal to the courts, because an investigation of my complaints was not done here at A.C.C.*

Offender Signature *Orlando Pelzer* Date 1-8-11





Med
12/8

REGULAR GRIEVANCE

Log Number: AC10 Reg 00033

PETZER	ORLANDO	1184761	D2	61 T
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.)

I alledge and contend that on 11-2-10 I came to Medical Dept. for my 6:30 p.m. incision cleaning treatment when Ms.Roach LPN, after an inmate was taken to urg. made me wait after she treated two other inmates, I was in the medical waiting area before any other inmate. and Ms.Roach LPN saw me in the waiting area alone. After the other inmates come in Officer Burton ask Ms.Roach LPN if she wanted to see me(O.Petz) first she ask who else is out there now and Officer Burton told her the inmates names and she then said send them in first. Ms.Roach LPN continues to show ^{and} ~~her~~ bias towards me for waiting her up.

What action do you want taken? I alledge and contend that Ms.Meadows RNCB, respondent to the attached Inf.Complaint tracking #150-10-Inf-02604 be terminated due to her bias and Prejudice. along with Ms.Roach LPN toward me, as the complaint shows I was first in the waiting area. Further more this matter be investigated to prevent future action of bias and prejudice towards myself + other Afro-American inmates.

Grievant's Signature: Orlando Petzer -1184761

Date: 11-19-10

Warden/Superintendent's Office:

Date Received:

RECEIVED
NOV 23 2010
GRIEVANCE OFFICE
JAN 12 2011

[Handwritten signature over stamp]



Informal Complaint

NOV - 4 2010

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Pelzer Orlando

Offender Name

184761

Offender Number

T2-6

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

On 11-2-10 I came to medical dept. for my 6:30 p.m. Incision cleaning treatment when nurse P. Roach after an inmate was taken to seg. made me wait after she treated two other inmates that came in after me to treat me. I was in the medical waiting area before any other inmate and she still made me wait last. Officer Burton ask if she wanted to see me first because she (P. Roach) saw me come in and sit down before anyone else. Nurse Roach told him to send in the other inmate.

Offender Signature Orlando Pelzer 184761 Date 11-2-10

Offenders - Do Not Write Below This Line

Date Received: 11/3/10

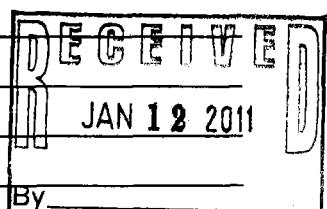
Tracking # 15010 Info 2604

Response Due: 11/18/10

Assigned to: Medical

Action Taken/Response:

Due to Block Movement - Clients are not scheduled by appt but by Block - There is no set order for being seen



Respondent Signature

Printed Name and Title

11-11-10

Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



VIRGINIA DEPARTMENT OF CORRECTIONS

**Offender Grievance Response - Level
II**

866.1 A-7

DOC Location: Central Office,

Administration

Report Generated by Ray, Howard

Report run on 1/18/2011 at 10:59 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00041
Housing		Filed Augusta Correctional Center	
D-2-57-B		Appeal to Address	

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you requested a bottom bunk on 11/05/10. You were told you have no medical restrictions. You want this matter investigated.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. After reviewing the information from Nurse Meadows, you were noted to have neither medical restrictions, nor an order for a bottom bunk on 11/05/10. This issue is governed by **OP 720.1**.

If you continue to experience health issues, please resubmit a sick call request for further evaluation of your medical needs. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

Level II is the last level of appeal for this grievance

	1/18/11
	Date



VIRGINIA DEPARTMENT OF CORRECTIONS
Offender Grievance Response - Level
I

866.1 A-6
DOC Location: Augusta Correctional
Center
Report Generated by Puckett, Kristin
Report run on 1/5/2011 at 9:30 AM

Offender Name	DOC#	Location	Grievance Number
Pelzer, Orlando	1184761	Current Augusta Correctional Center	ACC-10-REG-00041
Housing		Filed Augusta Correctional Center	
D-2-57-B			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state a request for bottom bunk status November 5, 2010 due to a hernia repair surgery.

Your informal attempt to resolve this matter is attached.

According to Ms. Meadows, RNCB, there are no medical restrictions for a superficial wound of this size. Diagnostics revealed that Offender Pelzer was healed from the surgery in August and should not require special bunking. Bottom bunk status not ordered until November 16, 2010 after November 11, 2010 answer. Offender Pelzer was released to work on November 24, 2010.

Based on the above information your grievance is deemed UNFOUNDED:

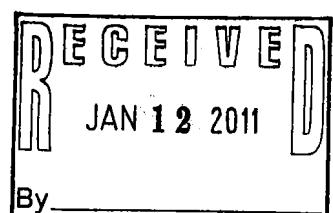
If you are dissatisfied with the Level 1 response you may appeal within 5 calendar days to:
Health Services Director Unit, P.O. Box Office Box 26963, Richmond, VA 23261-6963.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services
PO Box: 26963
Richmond , VA 23261-6963

D. Braaten D for
D. Braaten Date 11/5/11

I wish to appeal the Level I response because: *I would like to exhaust my Level II remedy at the Regional Director Level, who relies on remarks by Level I and discounts prisoners remarks, and substance of one's complaints so I can further appeal to the courts, because an investigation of my complaint was not done at ACC.*

Offender Signature *Orlando Pelzer* Date 1-8-11





Med
12/14

REGULAR GRIEVANCE

Log Number ACC10 Reg 00024

Pelzer	Orlando	1184761	D2	61 T
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.)

On 11-5-10 I ask Sgt. Concherry about being move to a cell down stairs that was open with a bottom bunk, because of restrictions of no lifting or climbing after undergoing hernia repair surgery. The Sgt. was told that I had no restrictions by Ms. Hepler that's over medical records. There is no way that I didn't have restrictions of lifting that could cause damage in repaired area if lifting excessive pounds, and climbing that could cause tearing in my incision from stretching to get on the top bunk where as my incision is not all the way closed yet due to complications. Dr. Marsh had restriction 3 noted in my file.

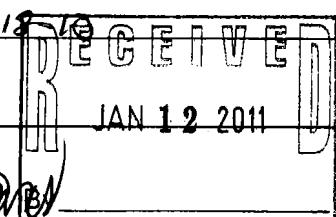
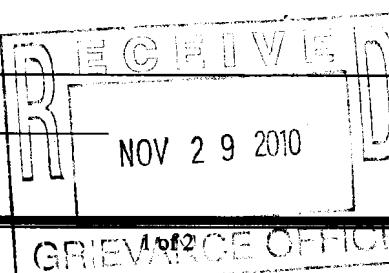
What action do you want taken? I alledge and contend that Ms. Meadows R.N.C.B respondent to Informal Complaint tracking # 150-10-Inf-08639 be investigated for deliberately putting false information in her response, saying I have no restrictions. In which because of her bias actions, ^{she} further put me in horns way, so upon investigation of this matter and her statement is found false I ask the she be terminated.

Grievant's Signature: Orlando Pelzer -1184761.

Date: 11-18-10

Warden/Superintendent's Office:

Date Received:





Informal Complaint

NOV - 9 2010

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Orlando Peter

Offender Name

1184761

Offender Number

D2-61

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify):

Treatment Program Supervisor
 Mailroom

Mrs. Conners / Grievance Supervisor

Briefly explain the nature of your complaint (be specific):

I've been out of the medical ward a week now on the top tier & the top bunk. So today after dealing with the pain all week, on 11-5-10 I ask Sgt. Caneberry about moving down stairs to an open cell that has a bottom bunk open but Sgt. Caneberry told me, that Mrs. Helper told her I have no restrictions. I know I still have restrictions of no lifting and climbing but medical dept. continues to not give me proper treatment for my healing process. "time was around 10:30 A.M."

Offender Signature Orlando Peter

Date 11-5-10

Offenders - Do Not Write Below This Line

Date Received: 11/8/2010

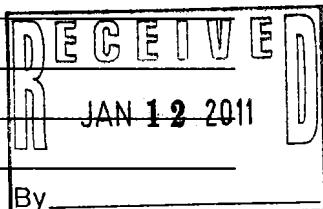
Tracking # 150-10-inf-0263

Response Due: 11/23/2010

Assigned to: medical

Action Taken/Response:

There are no medical restrictions for a wound (superficial) of this size. Diagnostics have revealed you are healed ^{of healing well} from your surgery in August and should not require special banking.



Respondent Signature Anadeous RCB

Printed Name and Title

Date 11-11-10

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt

Exhibit No: 2

Facts 1: • Medical File from date of first surgery on Aug. 31, 2010 with restrictions of no heavy lifting noted nurse Puffenburger. see highlighted area - restrictions in yellow

* Note: Consultation Sheet from UVA like shown in Exhibit No: 6 with all restrictions noted was removed from my file before given copies.

Facts 2: • Medical File report page 2 shows day discharged from medical by Nurse Roach which she said was per doctor Marsh. see highlighted area

Medical File report page 3 shows summarized report from Mrs. Richmond/MSP after said incident had happen and my family members contacted Lt. Sampson(female) whose now Capt. Sampson like her husband. (After 5:30p.m count) see highlighted

* Note: Dr. Marsh didn't know I was discharged because I was still taking Codine pills for pain. Notice Dr. Marsh signed off on statement ^{above} ~~9-5-10~~ on page one ~~MSP~~ (Dr. Marsh's mark) not ~~9-5-10~~ discharge note written by Nurse Roach.

* Note: Inmate Accident/Injury Report would not be released for me to get a copy of, Ms. Meadows refused my request told me to get legal Counsel for a copy. (Date of report 9-8-10)

Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: PELZER Last ORLANDO First Number: 118 4761

Date/Time	Complaint and Treatment	Signature and Title
8/22/10	Stool for occult	J. Wilcock
8/24/10 @ 9AM	Blood drawn for CBC	
8/30/10	C7, LFT.	J. Sparks LPN
8/30/10	NPO midnite.	J. Wilcock
8/31/10	Reported to medical wing. Found signs of IV Toradol. 200mg Bolus, 4mg diluted and tocolytic factors can stay 72° dark shower maximum tolerated. no wt. greater than 10 pounds for a week. dilute tablets start on clear liquids. bg not wanted yet.	
8/31/10 - 11PM	Inmate seen on Rounds. T-102.2 S/p - hernia repair R P-82 ass dry intact & some edema. Inmate c/o of BP-128/64 pain requesting med. O2-99% ↑ Temp 102.2 - Advised to q fluids - Gener 8g water Codine 2 tabs. Cough deep breathing exercises / C gellia Splint: c/o of feet feeling numb. Unconscious Numb pumps Q 1-2 hrs. Inmate to roll on sides using elbows, pedal pulses present, skin warm dry. P-to see Dr. Marsh	Officer
	8/31/10 - J. Kuyas	J. Kuyas

Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: Pelzer, OrlandoNumber: 1184761

Date/Time	Complaint and Treatment	Signature and Title
9/2/10 9pm	Wanting to remove lidocaine patch + shower - instructed that it was not 72 hrs yet. Questioned re Bowel movements - still having trouble - 3 orders for place?	J. Hammond, PA
9/3/10	Pallore 100mg Bid x 30 <i>anemia</i> <i>See</i> 9/3/10 noted pallor	J. Dr. Mervin J. Murphy
9/3/10 - 10pm	Seen on pm rounds. - 99.6 - Urinate going to shower P-71 c/o of all beginning on abdominal pain from lidocaine R- 14 distress - giving adhesive BP-124/70 tournier, c/o scratching O2- 98% throat - examined throat - No red areas or edema - (roat pink). Lungs clear. Coughing up white sputum. Tenesal salt packets (3) instructed to gargle w/ warm salt water	J. King Jr.
9/4/10. 98°	Suspect Chest Hurts / coughed instructed to get to kettle Please outside for res. In	
9/5/10 10 ³⁸ A	macrovomia. Discharge from mouth - vomited	
9/5/10 4P	Comined beds - on his back Incision well approx closed - measured	



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name:

Pelzer, Orlando

Last

First

Number:

1184761

Date/Time

Complaint and Treatment

Signature and Title

9/5/10 (Cont)	Off work for 2 wk - Post to sign up for sick call in cont to have problems for extension of work Excuse	D. Jackson
9/5/10 11 ¹⁵ pm	Call received from A-2 t/m C/S bleeding incision opening up - contacted over night red blood noted on towel - area open approx 1 3/4 to 2" long from umbilical area to R side Dr Marsh contacted. Instructed to culture wound, do w/dress + send to UVA ER in AM for	/M/
9/6/10 10 ⁰⁰ NPO	wound assessment + closure. Site cultured. w-d packing + dress placed, assisted from lying position placed in Inf. Tonite. Lt. Sampson aware he needs to go out in AM. D. Richmond Dr	/M/
9/6/10 5 ¹⁵ AM	Spoke with Nurse Andrea at UVA ER Report given & advised of approx arrival time 8 AM	E. St. John, RN /M/
9/6/10 12 ³⁰ PM	sent to Hospital this AM to check wound, "Don't open!" Patient to VA to fix returning Program	/M/
9/10/10 7PM 984	2 things ↑ in bed - scales that he hasn't had BM since Wed - keep mg/Citale in EP c/o results Inst	/M/
117/72 42		

Exhibit No: 3

Fact 1. Witness affidavit from Nurse Richmond with certified seal +
stamp.

AFFIDAVIT

I ORLANDO PELZER first being duly sworn states the following to be true:

① I am a prisoner to date here at Augusta Correctional Center and round about Sept. 4, 2010 estimated time 1:00 p.m., I was put out of the medical ward by Ms. Roach LPN after undergoing ^(B) Ingril hernia repair surgery 4 days before and was demanded by Ms. Roach LPN to lift excessive lbs. of property and take back to housing which was totally against the restrictions set by Surgeon Carlos Tache-Leon at UVA. The lifting cause my incision to split back open.

② I Nancy A. Richmond ^(LPN) here at Augusta Correctional Center duly swear that I Nancy A. Richmond witness inmate ORLANDO PELZER #1184761 taking property into A/B entry way and also treated and prep him for emergency run to UVA after his incision split

ORLANDO PELZER
Orlando Pelzer

STATE OF VIRGINIA Augusta

CITY/COUNTY OF Augusta

ACKNOWLEDGED BEFORE ME

THIS 29th DAY OF JAN YEAR 2011

AFFIDAVIT

NOTARY PUBLIC

MY COMMISSION EXPIRES: 7/31/2011

Exhibit No:4

Report from UVA's ER; after negligent act

Orlando Pelzer

(MR # 2217333)

Visit Information

Date Provider
9/6/2010 Pamela Ross, MD

Other Encounter Related Information[See Additional Detail](#)**ED Notes filed by Pamela Ross, MD at 09/25/10 1313**

Author: Pamela Ross, MD Service: (none) Author Type: Physician
Filed: 09/25/10 1313 Note: 09/06/10 0808
Time:

Related Original Note by: Pamela Ross, MD filed at 09/09/10 1249

Notes:

Trans 801163400N-4 Trans Available
ID: Status:

University of Virginia Medical Center

Name: Pelzer, Orlando

DOB: 02/02/1977

Age: 33 years

Sex: Male

Nurse's Notes

MRN: 2217333

Account #: 8011634006

Arrival Date: 09/06/2010

Presentation:

09/06 Method of Arrival: Walk-In, nf

08:09

08:14 Acuity: Level 4. mar

Historical:

- Allergies: Tylenol("itchy");
- Home Meds:
 1. Ibuprofen Oral;
- PMHx: None;
- PSHx: Right inguinal hernia repair;
- Social History: The patient denies using alcohol, tobacco, street drugs.
- The history from nurses notes was reviewed: and I agree, and have included additional items.

Screening:

09:10 Abuse screen: Denies threats or abuse. Denies injuries from another. Social History The patient denies using alcohol, tobacco, street drugs. Fall Risk assessed. None identified. bg3

Assessment:

08:30 General: Appears in no acute distress, Alert uncomfortable, Behavior is cooperative, pleasant. Pain: Complains of pain in right bg3

lower quadrant Pain currently is 6 out of 10 on a pain scale.
Quality of pain is described as burning, Pain began 1 day ago Is continuous. Neuro: oriented X3, moves all extremities. EENT: PERRLA, no drainage noted, no swelling or redness noted.
Cardiovascular: Regular rate, pulses strong/equal, skin warm & dry.
Respiratory: No resp distress, Normal breath sounds. GI: Bowel sounds present X 4 quads. Abdomen has rebound tenderness in

Name:Orlando Pelzer

MRN:2217333

Account#:8011634006

Page 1 of 4

University of Virginia Medical Center

Name:Pelzer, Orlando

DOB:02/02/1977

Age:33 years

Sex:Male

Nurse's Notes

MRN:2217333

Account#:8011634006

Arrival Date:09/06/2010

suprapubic area, right lower quadrant and left lower quadrant Reports constipation, has not had a BM in 6 days. GU: Denies difficulty with urination. Derm: Skin horizontal incision RLQ. Approximately 4 inches long. Medial portion of incision open about 2cm in length. Reports Incision from hernia surgery he had last Tuesday has come open partially. Musculoskeletal: No evidence of trauma, non-tender, moves all extremities. Additional nurses notes: Pt. is a prisoner, 2 officers present.

09:13 Additional nurses notes: Taken to radiology for CT scan. bg3

11:43 Additional nurses notes: Surgical doctors at bedside with pt. bg3

Vital Signs:

09:10 BP 166 / 101; Pulse 59; Resp 18; Temp 36.2; Pulse Ox 99% on R/A; bg3
Pain 6/10;

ED Course:

08:08 Patient arrived in ED.

nf

08:14 Triage completed.

mar

08:14 Gullo, Jennifer, MD is PHCP.

jg2

08:43 Ross, Pamela, MD is Attending Physician.

par

08:48 Guydo, Beth is Primary Nurse.

bg3

08:48 CBC With Diff - Lav Tube Sent.

rs1

08:48 BMP - Light Green Tube Sent.

rs1

09:10 Inserted peripheral IV: 18 gauge in left antecubital area and blood bg3 collected.

09:10 Patient moved to radiology. ktj

09:10 Patient has correct armband on for positive identification. Placed bg3 in gown. Bed in low position. Call light in reach. Side rails up X2. Adult w/ patient. Security at bedside. Belongings Inventory Not

removed. Valuables not removed.
09:11 Abdomen Acute: Sup, Upst, & Pa Cxr In Process Unspecified. EDMS
11:50 Surgery, Clinic is Referral Physician. jg2

Name: Orlando Pelzer
MRN: 2217333
Account#: 8011634006
Page 2 of 4
University of Virginia Medical Center
Name: Pelzer, Orlando
DOB: 02/02/1977
Age: 33 years
Sex: Male
Nurse's Notes
MRN: 2217333
Account#: 8011634006
Arrival Date: 09/06/2010

14:19 Consult attached to chart. lb3

Administered Medications:

08:55 Drug: NS 0.9% 1000 mL; Route: IV; Rate: Bolus; bg3
10:00 Follow up: IV Status: Completed infusion bg3
08:55 Drug: FentaNYL (PF) 50 mcg; Route: IVP; Site: left antecubital; bg3
11:42 Drug: oxyCODONE Tablet 5 mg; Route: PO; bg3
11:42 Drug: oxyCODONE Tablet 5 mg; Route: PO; bg3
11:42 Drug: Magnesium Citrate Liquid 300 mL; Route: PO; bg3

Outcome:

11:50 Aware of vital signs, to follow up with PMD. jg2
11:51 Discharge ordered by MD. jg2
12:34 Discharged to Police custody. Condition: stable. Additional hours bg3
of infusion: Not Applicable. Belongings/Valuables disposition: home
with patient. Discharge instructions given to patient, police,
Instructed on discharge instructions, follow up and referral plans.
medication usage, Importance of having a BM and taking appropriate
medications to facilitate. Instructions given to guards to provide
to infirmary. Demonstrated understanding of instructions,
medications, Prescriptions given X 2, Explained by Nursing.
12:37 Patient left the ED. bg3

Signatures:

Dispatcher MedHost	EDMS
Ross, Pamela, MD	MD par
Jordan, Kurt	ktj
Ralph, Michael, RN	RN mar
Bragg, Leana	lb3
Snyder, Robin	rs1
Frazier, Nikki	Reg nf

Name:Orlando Pelzer
MRN:2217333
Account#:8011634006
Page 3 of 4
University of Virginia Medical Center
Name:Pelzer, Orlando
DOB:02/02/1977
Age:33 years
Sex:Male
Nurse's Notes
MRN:2217333
Account#:8011634006
Arrival Date:09/06/2010

Gullo, Jennifer, MD MD jg2
Brill (704), Katie kb7
Guydo, Beth, RN RN bg3

Corrections: (The following items were deleted from the chart)
08:52 08:16 Allergies: No known drug Allergies; jg2 kb7

Home Medication: Ibuprofen Oral; Reason: ; Dose: unspecified dosage; Last Dose: unspecified last dose taken;

Name:Orlando Pelzer
MRN:2217333
Account#:8011634006
Page 4 of 4

Encounter-Level Ambulatory Progress Notes - Scanned:

There are no encounter-level ambulatory progress notes - scanned.

Chart Review Routing History

No Routing History on File

Exhibit No: 5

Defamation of Character; Trying to insist that I was crazy or delirious about the infection + non-healing of my incision after "negligent act"

Referral statement to Psychologist by R.Adkins-RN

&

Response from Psychologist T.Miller, MA

Notice Dates

highlighted

* I had a second surgery 20 days after this referral for an infection down in the inside of where I ^{split back open} ~~had~~. Second surgery pre schedule in November. See exhibit 6 bottom of page 2

TM
MIT-1

RECEIVED

DEC 06 2010

PSYCHOLOGY DEPARTMENT

Augusta Correctional Center
Mental Health Services
Referral Form

12-1-10
Date

D2-57
Housing Unit

Pelzer, Orlando
Inmate Name

1184761
Inmate Number

Reason for referral:

unrealistic perception of current condition -
Repeatedly claims internal organs are infected
& damaged - (No diagnostic basis for claims)
Denies healing or progress -

Referred by: R Adkins RN

Date: 12-1-10

Psychologist: T. Miller, MA

Date: 12-7-10

Action Taken: Offender goes to Medical (has a pass) on 12/2 -
12/31 to have his surgery wound washed out. The pass
is signed by Nurse Richmond. Offender states the wound is
infected and he has been prescribed antibiotics. Offender stated
that he talked to DR. Miroh today and will be returning
to WNA for surgery to clean out the infected wound.
The offender is alert, cooperative and oriented. There is no evidence
that the offender is experiencing any perceptual disturbances.

Exhibit No:6

Fact: Assessment after visit of said incident cause by Nurse
Roach and infection not cleared up by antibiotics.

UNIVERSITY OF VIRGINIA HEALTH SYSTEM



0100000

ISO:
PELZER, ORLANDO
2217333 642 C B7S
3153771971 11/22/10
DOB: 02/02/1977 SEX: M
PROV: TACHE-LEON CARLOS A

CONSENT FOR MEDICAL/SURGICAL PROCEDURES AND ADMINISTRATION OF ANESTHESIA OR SEDATION

A. CONSENT FOR PROCEDURE

1. I authorize Dr. Tache-Leon to perform the following procedure(s):

Incision and drainage of (R) grain wound.
Removal of foreign body

I understand that my doctor may need to perform other urgent procedures that were unanticipated. I consent to the performance of any additional procedures determined during my original procedure to be in my interests and where delay might cause additional harm.

I understand that my doctor may choose other qualified practitioners, including residents (doctors who have finished medical school and are getting more training), to do or help with procedures. These practitioners may perform significant surgical tasks including: opening and closing incisions, harvesting grafts, dissecting tissue, removing tissue, implanting devices, and altering tissues. All qualified practitioners will only perform tasks that are within their scopes of practice and for which they have been granted clinical privileges. Residents will only perform all or parts of the procedures under the supervision of my doctor.

2. I understand my diagnosis/condition to be: non-healing wound

3. I have been told about what results to expect, which includes information about the chances for the expected results and about problems that might occur during recuperation. I know that results cannot be guaranteed.

4. I have been told about and understand the risks and benefits of the procedure(s) listed above. I understand that there are risks for all kinds of surgery. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may result in paralysis, cardiac arrest, brain damage, and/or death. Other risks for this procedure may include:

Bleeding, infection, need for repeat procedures

5. I understand the alternatives to the proposed procedure and the related risks to be: No Surgery

6. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be present, providing consultation or performing checks on the equipment.

7. I understand that photographs and/or video or electronic recordings may occur during my procedure and may be used for internal performance improvement or educational purposes.

8. I understand that any tissues or parts removed during my procedure may be disposed of by the hospital or used for any lawful purpose including education and research.

**CONSULTATION REPORT****PLEASE BILL TO ANTHEM**

Remember to attach a copy of the offenders Immunization record

Sending Facility:	Augusta Con. Ctr.		Date:	11/22/10 @ 10:00 AM
Offender Name:	Orlando Pileyer		Offender #:	1184761
SS#:	249-51-1614	DOB:	2/2/77	T/D:
Allergies:				
Current Medications:	See Attached			
Referred By:	Dr. John Marsh	Referred To:	VVA - General Surg. Dr. Carlos Tache-Leon	
Medical Complaint:	Abscess in Wound S/P Hernia repair.			

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	(R) grain wound infection		
Lab or X-ray Results:			
Diagnosis:	(R) grain wound infection		
Treatment and Medications Recommended:	BID packing changes to wound site. Cont Abs if purulent drainage persists until follow-up		
Restrictions:	No heavy lifting > 15lbs		
Consulting Physician:	Carlos Tache-Leon, M.D.	Date:	11/22/10
Follow-up appointment date and time:	Pt to return to operating Room for Incision and Draining		

OF (R) grain wound in December, 2010. will contact this facility with specific date.

Revision Date: 1/17/07

Exhibit No: 7

Fact: Surgeon's Report after second surgery following the incident
with Nurse Roach. See highlighted area



SURGICAL ADMISSION SUITE

12/21/10

To whom it may concern:

Mr. Orlando Pelzer was treated at the University of Virginia today for a right groin wound infection at the site of a previous inguinal hernia repair. The wound was explored and a small infected draining tract was excised. The infection did not involve the hernia repair, which was left intact. One $\frac{1}{4}$ " penrose drain was sutured into the wound, which was then closed with non-absorbable sutures. Please change this dressing and clean the skin around the wound daily. We will remove the drain next week in our clinic. Mr. Pelzer received general anesthesia without complication. He can resume normal activities and diet.

Robert Smith MD
Robert Smith

Exhibit No:8

Fact: Nurse Meadows/RNCB abuse of her status as Head Nurse and endangering me for possible infection again by over ruling Dr. Marsh's referral of me returning to UVA right away for the premature removal of sutures by a student doctor the day before, which caused my incision to be laid open. (After second surgery)

Note: Medical file page 1 has Dr. Marsh MD at A.C.C. assessment + referred of my condition after returning from UVA the day before (12-27-2010) from getting drainage tube removed and all the sutures instead of just the removal of drainage tube. See highlighted area

Note: Medical File page 2 shows Ms. Meadows/RNCB guilt of her over-ruling Dr. Marsh's orders and not following protocol by what she wrote about the actions she took. see highlighted area

*See Informal complaint that wasn't accepted about the initial visit to Dr. Marsh and what happen after he left; The emergency grievance about me ~~not~~ being sent back to the hospital(UVA); And the informal complaint of that, wasn't accepted about Ms. Meadows not deeming my emergency grievance an emergency. (All filed on 12-28-10)

•K.Ruckett OSA who use to work in medical organizing files, which is a friend to "Meadows" wouldn't accept complaints
See Exhibit 9



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: PELZER Last ORLANDO First Number: 1184761

Date/Time	Complaint and Treatment	Signature and Title
12/22/10 6 ³⁰	Drs g 1 completed - sutures intact area cleaned, drain open intact dry drsg placed - double 4x4's - (Abd pads used due to + drainage) noted	R. Richmond
12/25/10 12	1PM wound care completed. Drain intact & mod serosanguineous drainage. Cleared & redressed w/ sterile 4x4's & ABG pad	J. Spaulding
12/27/10 @	4PM noted for UVa down round. try stop to incision day A ABG while still draining leave site dry on for 7 days. goes out for day A.	Officer 1
12/17/10 1905	Offender in medical for drsg A. small amount of light red drainage. Steri-strips in place. Applied 2 4x4's Sterile gauze pads & windward to plastic 2" tape	J. Bates, RN
2-28-10 Arm drsg A - Lt red drainage - Steri strips intact on middle		
T978 P-61	to cleft of incision. (B) side of incision open (no steri strips or sutures). Dry drsg applied	V. Haller
Q1007sat B1P142/91 TOMD apt.	11' wound (L) got bad after appt. tx for CT VA and percutaneous removal of sutures Wife had to W/C resg Noted V. Haller 12/28/10 9:57 AM soft work X 2wks 1-11-2011 poss. 3pm	



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: Petzer Orlando Number: 1184761
Last *First*

Date/Time	Complaint and Treatment	Signature and Title
12/26/10 1910	Offender in medical for dsg A. Small amt of blood noted. 3 steri-strips moist & not holding. Reinforced w/ 3 new steri-strips, leaving (R) end of wound where drain was open. Applied 2 4x4 dsg's & ABD for reinforcement. —	L Bates, RN
12-28-10 10 ^A	Presents to Ldgs A - moderate bloody wound on leg - (R) side noted - steri strips in place, no red incision - R+ end of incision remains open (previous site of Pecrose drain) - No specific complaints, but expresses disappointment that he is still having "problems" with incision - Says "I'm not going to say any more 'cause everything gets so twisted" - Also states "I do know they took my stitches out too early and that's why I'm busted open again". Quiet & cooperative) —	Radeins RN —
12/28/10 1430p	I'm at front gate complaining of incision being gaped open and saturated dressing ex. Complains that Student doctor took his stitches & drain out too early and now he is open to infection. Area was changed earlier today by R Adkins RN & by D Hofferberger LPN - Continue	



Facility: AUGUSTA CORRECTIONAL CENTER

Offender Name: Pelzer Last Orlando First Number: 1184761

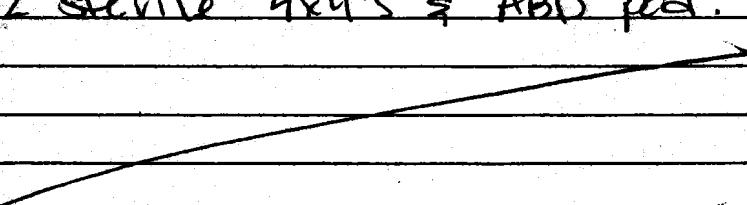
Date/Time	Complaint and Treatment	Signature and Title
12/28/10 (Continued)	<p>Continued - Went to WVA Surgery Clinic. Spoke to Dr. Wiggins (on-call MD). Dr. Wiggins reviewed notes of Offender's visit 12/27/10.</p> <p>Per Dr. Wiggins offender is to leave Steri-strips in place as ordered. Dressing is to be changed 1-2 times a day while it is still draining.</p> <p>I advised offender of above.</p> <p>Offender inserted area was gaped open, etc. with LPN Puffenberger looked at site on L10 approx 3" area intact with 4 Steri-strips still ^(coated) farthest right corner is slightly puffed with no active drainage.</p> <p>Offender wanted to pull area apart to prove his point. Had to stress to inmate to leave area alone.</p> <p>Multiple folded 4x4's used to cover area. Amendamus Park</p>	
1/11 AM	<p>Offender to medical for discoloration. Steri-strips intact, no drainage noted. Applied 2 sterile 4x4's & ABD pad. YBatis, RN</p> 	

Exhibit No: 9

Supporting Complaints

Original Copies of Informal Complaints not accepted by K. Puckett/OSA.

*Written copies made for other defendants.

K. Puckett Respondent to complaints. This shows what happens when you get
incriminating evidence against staff that hurt inmates here. Friends, family, help
cover up what happen.



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Orlando Peleg

Offender Name

1184761

Offender Number

D2-57B

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify):

Treatment Program Supervisor
 Mailroom

Warden D. Braxton

Briefly explain the nature of your complaint (be specific):

Ms. Meadows in her attempts to be vindictive, has gone against Dr. Marsh's ^{orders} recommendation of sending me back to UVA to have my open bleeding wound resutured, because of a mistake of removing all of the sutures by a student doctor on 12-27-10. This is an ongoing issue with Ms. Meadows and some members of her staff refusing me the ^{proper} medical care. Nurses Puffenberger, Hall, Richmond, and Bates have all witness the condition of my wound and have knowledge of Dr. Marsh's ^{order's} recommendation of me returning to UVA and noted it in my chart today on 12-28-10, but Ms. Meadows called UVA made some statements to whomever to prevent what Dr. Marsh will deem necessary treatment. Ms. Meadows is totally out of protocol by doing so.

Offender Signature Orlando Peleg - 1184761

Date 12-28-10

Offenders - Do Not Write Below This Line

Date Received: _____

Tracking # _____

Response Due: _____

Assigned to: _____

Action Taken/Response:

This issue has been addressed. Please refer to #ACC-10-inf-00077. Thank you.

KP/H
Respondent Signature

K. Puckett, OSA
Printed Name and Title

12/30/10
Date

Original - Offender

First Copy - File

Second Copy - Offender as Intake Receipt



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

<u>Orlando Peifer</u>	<u>1184761</u>	<u>D2-578</u>
Offender Name	Offender Number	Housing Assignment
<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Treatment Program Supervisor
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input type="checkbox"/> Medical Administrator	<input checked="" type="checkbox"/> Other (Please Specify): <u>Warden D. Braxton</u>	

Briefly explain the nature of your complaint (be specific):

I contend that at about 3pm. on 12-28-10 I submitted emergency grievance #088325 complaining of an open wound subsequent to an again wound infection at the site of a previous inginal hernia repair and the emergency grievance was denied by Ms. Meadows RNCB at A.C.C. which is contrary to the Policy of the Dept. of Health and Safety, also ACA.

Offender Signature Orlando Peifer - 1184761 Date 12-28-10

Offenders - Do Not Write Below This Line

Date Received: _____ Tracking # _____

Response Due: _____ Assigned to: _____

Action Taken/Response:

This issue has been addressed. Please refer to #ACC-10-inf-00577. Thank you.

KR Respondent Signature K Rickett, OS Printed Name and Title 12/30/10 Date

Original – Offender First Copy – File Second Copy – Offender as Intake Receipt



Informal Complaint

JAN - 4 2011

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Orlando Peizer	1184761	D2-578
Offender Name	Offender Number	Housing Assignment
<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Treatment Program Supervisor
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input type="checkbox"/> Medical Administrator	<input checked="" type="checkbox"/> Other (Please Specify): Wooden D. Braxton	

Briefly explain the nature of your complaint (be specific):

At about 5pm on 12-28-10 I was called over to Medical dept/A.G.C to speak with Ms. Meadows RNCB after filing an emergency grievance earlier, in which Ms. Meadows stated to-wit: "I will not sign off on any paperwork to have you return to UVA Hospital to close your wound". Ms. Meadows conduct constitutes abuse of her employment status and is cruel punishment.

Offender Signature Orlando Peizer-1184761 Date 12-28-10

Offenders - Do Not Write Below This Line

Date Received: 12-30-10

Tracking # ACC-10-inf-08377

Response Due: 1-14-11

Assigned to: Medical

Action Taken/Response:

Consult appointments are not authorized on this level.
Observation of area on this date is noted.

Respondent Signature

Printed Name and Title

01/12/11

Date

Original – Offender

First Copy – File

Second Copy – Offender as Intake Receipt